

STANDARD CERTIFICATE OF DEATH

State File No. **41766**

FILED JAN 4 1951

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **145**

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana	
c. LENGTH OF STAY (In this place) 10 years		d. STREET ADDRESS (If rural, give location) 700 Maryland Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 700 Maryland Street		d. STREET ADDRESS (If rural, give location) 700 Maryland Street	
3. NAME OF DECEASED (Type or Print) a. (First) ALFORD b. (Middle) NORMAN c. (Last) SMITH		4. DATE OF DEATH (Month) (Day) (Year) DEC. 24, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 3, 1866
9. AGE (In years last birthday) 84	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) Howard Co., Ark.	12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME John R. Smith		13b. MOTHER'S MAIDEN NAME Synthia Jackson	
14. NAME OF HUSBAND OR WIFE Kathrine L. Smith		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Alford N. Smith, Louisiana, Missouri	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) 42-50 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma Interval between onset and death 6 mo Yes	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 9-1 , 19 50 to 12-24 , 19 50 , that I last saw the deceased alive on 12-24 , 19 50 , and that death occurred at 4:00 P.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) L. R. Johnson MD		23b. ADDRESS Louisiana, Mo	
23c. DATE SIGNED 12-24-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 12/26/50		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	
24d. LOCATION (City, town, or county) (State) Pike Co., Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sterne Funeral Home, Louisiana, Mo.	
DATE REC'D BY LOCAL REG. Dec 25, 1950		REGISTRAR'S SIGNATURE Bernice Collier	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: DEC 28 1950
DISTRICT HEALTH OFFICE #2
District File Number 12-50-2
Date Filed: DEC 28 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Virginia M. Storne

Licensed Embalmer No. 4645

P. O. Address *Louisiana, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.